

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

**UNITED STATES OF AMERICA,**

**Plaintiff,**

**VS.**

**ANNIE L NEAL,**

**Defendant.**

**CASE NO: 1:18-CV-214**

**JUDGE**

## COMPLAINT

Now comes the United States of America, by and through its legal representative, the United States Attorney for the Southern District of Ohio, and for its cause of action alleges:

1. Jurisdiction is founded on 28 U.S.C. § 1345 and 42 U.S.C. § 404(a)(1)(A).
2. Defendant resides within this judicial district and division.
3. Defendant received disability payments from the United States Social Security Administration May 2012 through October 2013 as evidenced by the attached "Exhibit A", totaling \$94,774.60.
4. Defendant was not entitled to these payments in the amount of \$10,340.30 because of the defendant's work activity being over the allowable limit. Therefore, she received an over payment of benefits in the amount of \$10,340.30. A true copy of said history is attached hereto, marked as "Exhibit A", and by this reference made a part hereof.
5. Defendant did not appeal the determination made by the Social Security Administration.
6. On July 22, 2017, the Social Security Administration made a final demand on defendant for full repayment "Exhibit B".

7. Although payment has been demanded, payment has not been made by the Defendant.

8. After all payments have been properly credited, the entire unpaid balance due and owing to plaintiff from defendant as of August 29, 2017 is \$10,340.30, all of which is evidenced by the Certificate of Indebtedness which is attached hereto, marked as "Exhibit C", and by this reference made a part hereof.

WHEREFORE, plaintiff prays for judgment against defendant in the amount of \$10,340.30. Plaintiff further prays for its costs and for all further just and proper orders.

Respectfully submitted,

BENJAMIN C. GLASSMAN  
United States Attorney

s/Bethany J. Hamilton  
BETHANY J. HAMILTON (0075139)  
Assistant United States Attorney  
Attorney for Plaintiff  
303 Marconi Boulevard, Suite 200  
Columbus, Ohio 43215  
Office: (614) 469-5715  
Fax: (614) 469-5240  
E-mail: Bethany.Hamilton@usdoj.gov

JS 44 (Rev. 12/07)

**CIVIL COVER SHEET**

The JS 44 civil cover sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON THE REVERSE OF THE FORM.)

**I. (a) PLAINTIFFS**

UNITED STATES OF AMERICA

(b) County of Residence of First Listed Plaintiff \_\_\_\_\_  
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorney's (Firm Name, Address, and Telephone Number)  
BETHANY J. HAMILTON, Assistant United States Attorney  
303 Marconi Boulevard, Suite 200, Columbus, Ohio 43215  
(614)469-5715

**DEFENDANTS**

Annie Neal

County of Residence of First Listed Defendant Butler  
(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE  
LAND INVOLVED.

Attorneys (If Known)

**II. BASIS OF JURISDICTION** (Place an "X" in One Box Only)

- ☒ 1 U.S. Government Plaintiff ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)

**III. CITIZENSHIP OF PRINCIPAL PARTIES** (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- |   | PTF                        | DEF                        |  | PTF                        | DEF                        |
|---|----------------------------|----------------------------|--|----------------------------|----------------------------|
| Citizen of This State                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | Incorporated <i>or</i> Principal Place of Business In This State     | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| Citizen of Another State                | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated <i>and</i> Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation   | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

**IV. NATURE OF SUIT** (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input checked="" type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	<b>PERSONAL INJURY</b> <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <b>PERSONAL INJURY</b> <input type="checkbox"/> 362 Personal Injury - Med. Malpractice <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability <b>PERSONAL PROPERTY</b> <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs. <input type="checkbox"/> 660 Occupational Safety/Health <input type="checkbox"/> 690 Other <b>LABOR</b> <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act <b>IMMIGRATION</b> <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 <b>PROPERTY RIGHTS</b> <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark <b>SOCIAL SECURITY</b> <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) <b>FEDERAL TAX SUITS</b> <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609	<input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes
<b>REAL PROPERTY</b> <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	<b>CIVIL RIGHTS</b> <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	<b>PRISONER PETITIONS</b> <input type="checkbox"/> 510 Motions to Vacate Sentence <b>Habeas Corpus:</b> <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition		

**V. ORIGIN**

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding ☐ 2 Removed from State Court ☐ 3 Remanded from Appellate Court ☐ 4 Reinstated or Reopened ☐ 5 Transferred from another district (specify) ☐ 6 Multidistrict Litigation ☐ 7 Appeal to District Judge from Magistrate Judgment

**VI. CAUSE OF ACTION**

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):  
28 U.S.C. §1345

Brief description of cause:

Recovery of monies owing as a result of overpayment to SSA**VII. REQUESTED IN COMPLAINT:**

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No**VIII. RELATED CASE(S) IF ANY**

(See instructions):

JUDGE

DOCKET NUMBER

DATE

(SIGNATURE OF ATTORNEY OF RECORD)

Bethany J. Hamilton, Assistant U.S. Attorney

FOR OFFICE USE ONLY

RECEIPT # \_\_\_\_\_ AMOUNT \_\_\_\_\_ APPLYING IFP \_\_\_\_\_ JUDGE \_\_\_\_\_ MAG. JUDGE \_\_\_\_\_

M7

# Social Security Administration

## Retirement, Survivors, and Disability Insurance

### Notice of Change in Benefits

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: July 18, 2017  
Claim Number: ~~XXX-XX~~ 7670 HA

ANNIE L NEAL

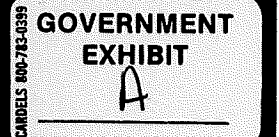
We are writing to give you new information about the disability benefits which you receive on this Social Security record. In the rest of this letter, we will tell you:

- How we paid you \$10,340.30 too much in benefits; and
- What to do if you think we are wrong about the overpayment.

According to our records, you have been overpaid by \$10,340.30 due to your work activity being over the allowable limit beginning May 2012 through October 2013. Your termination also is continuing. Please see the chart below for an explanation on how you were overpaid.

What you were paid	What you should have been paid
\$277.00 11/1997 11/1997	\$277.00 09/1997 11/1997
\$520.00 12/1997 12/1997-Paid to SSI	\$283.00 12/1997 12/1997
\$34.00 12/1997 12/1997	\$292.00 01/1998 11/1998
\$283.00 12/1997 10/1998	\$295.00 12/1998 07/1999
\$382.00 11/1998 11/1998	\$295.50 08/1999 08/1999
\$295.00 12/1998 07/1999	\$295.00 09/1999 11/1999
\$250.00 08/1999 11/1999	\$303.00 12/1999 10/2000
\$182.00 12/1999 12/1999	\$302.50 11/2000 11/2000
\$257.00 12/1999 12/1999	\$313.00 12/2000 12/2000
\$303.00 01/2000 11/2000	\$348.00 01/2001 11/2001
\$313.00 12/2000 12/2000	\$357.00 12/2001 12/2001
\$167.50 01/2001 01/2001	\$562.00 12/2005 11/2006
\$263.00 02/2001 10/2001	\$581.00 12/2006 11/2007
\$648.00 11/2001 11/2001	\$594.00 12/2007 12/2007
\$303.00 12/2001 03/2002	\$598.00 01/2008 11/2008
\$253.00 04/2002 04/2002	\$633.00 12/2008 11/2011
\$50.00 04/2002 09/2003-Paid to SSI	\$655.00 12/2011 12/2011
\$253.00 05/2002 10/2002	\$694.00 01/2012 04/2012
\$108.00 10/2002 10/2002	\$0.00 05/2012 06/2017
\$434.00 11/2002 11/2002	(\$45.50) 08/1999 08/1999-Medicare
\$440.00 12/2002 04/2003	(\$45.50) 11/2000 11/2000-Medicare
\$264.60 05/2003 05/2003	(\$50.00) 12/2000 11/2001-Medicare
\$382.00 06/2003 09/2003	(\$54.00) 12/2001 08/2002-Medicare
\$432.00 10/2003 10/2003	(\$58.70) 03/2003 09/2003-Medicare

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\$698.00	11/2003	11/2003	(\$99.90)	10/2012	11/2012-Medicare
\$46.00	12/2003	12/2003	-Paid to SSI		
\$459.00	12/2003	12/2003			
\$229.30	01/2004	08/2004			
\$229.70	01/2004	11/2004			
\$716.80	08/2004	08/2004			
\$296.30	09/2004	11/2004			
\$540.00	12/2004	11/2005			
\$562.00	12/2005	05/2006			
\$474.00	06/2006	08/2006			
\$265.50	08/2006	08/2006			
\$562.00	09/2006	11/2006			
\$581.00	12/2006	11/2007			
\$594.00	12/2007	05/2008			
\$590.60	06/2008	06/2008			
\$1.70	06/2008	06/2008	-Medicare Part D		
\$1.70	06/2008	06/2008	-Medicare Part D		
\$592.30	07/2008	10/2008			
\$1.70	07/2008	10/2008	-Medicare Part D		
\$636.30	11/2008	11/2008			
\$1.70	11/2008	11/2008	-Medicare Part D		
\$632.30	12/2008	12/2008			
\$2.40	12/2008	12/2008			
\$0.70	12/2008	12/2008	-Medicare Part D		
(\$2.40)	12/2008	12/2008	-Refund		
\$633.00	01/2009	11/2009			
\$633.00	12/2009	11/2010			
\$566.00	12/2010	12/2010			
\$67.00	12/2010	12/2010	--Paid to SSI		
\$578.00	01/2011	01/2011			
\$633.00	02/2011	11/2011			
\$655.00	12/2011	10/2012			
\$1,084.00	11/2012	11/2012			
\$401.20	12/2012	12/2012			
\$601.00	01/2013	10/2013			
\$0.00	11/2013	01/2015			
(\$25.00)	01/2015	01/2015	-Remittance		
(\$25.00)	03/2015	03/2015	-Remittance		
(\$1,006.00)	02/2016	02/2016	-Remittance		
\$55.00	01/2011	-Paid to SSI			
Total Paid-\$94,774.60			Total should have been paid-\$84,434		

### How To Pay Us Back

You should refund this overpayment within 30 days. Please make your check or money order payable to "Social Security Administration," and send it to us in the enclosed envelope. Include your claim number (as shown above) on your check or money order.

If you cannot refund the full \$10,340.30 now, please send:

- A partial payment

SEE NEXT PAGE

- An explanation of why you cannot pay the full amount now, and
- A plan to repay the money

### **Do You Think We Are Wrong About The Overpayment?**

You have certain rights with respect to this overpayment and its recovery.

1. **Right to Appeal:** If you disagree in any way with this overpayment determination, you have the right, within 60 days of the date you receive this notice, to request that the determination be reconsidered. If you request this independent review of the overpayment determination, please submit any additional information you have which pertains to the overpayment.
2. **Right to Request Waiver:** You also have the right to request a determination concerning the need to recover the overpayment. An overpayment must be refunded or withheld from benefits unless both of the following are true:
  - a. The overpayment was not your fault in any way, and
  - b. You could not meet your necessary living expenses if we recovered the overpayment, or recovery would be unfair for some other reason.

If you request waiver, we may need a statement of your assets and monthly income and expenses.

If you request reconsideration and/or waiver within 30 days, the overpayment will not have to be recovered until the case is reviewed. This review is described in more detail on the attached form SSA-3105, Important Information About Your Appeal, Waiver Rights, and Repayment Options. The people in any Social Security office will be glad to help you complete the forms for requesting reconsideration (SSA-561-U2, Request for Reconsideration) and/or waiver (SSA-632-BK, Request for Waiver of Overpayment Recovery or Change in Repayment Options).

Even if you do not want to request reconsideration or waiver, please call, write or visit any Social Security office if you have questions or need more information. Please take this letter with you if you do visit an office.

### **Do You Think We Are Wrong?**

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review

SEE NEXT PAGE



the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at [www.socialsecurity.gov/online/](http://www.socialsecurity.gov/online/) to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

### **If You Want Help With Your Appeal**

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There also are representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-888-862-3748. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.

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You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
6553 WINFORD AVENUE  
HAMILTON, OH 45011-0548

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

Enclosure(s) :

Form SSA-3105  
Refund Envelope

1303ROSEV000711\*NOTAFPA33CTPMADAPCTRI0713.PAM 110000000 002601063560662369645011442890



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**Social Security Administration**  
**Retirement, Survivors, and Disability Insurance**  
Final Request For Refund

Office of Central  
Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: July 22, 2017  
Claim Number: ~~XXX-XX~~ -7670 HA

ANNIE L NEAL

We are writing to you about an overpayment you owe us. The amount of the overpayment is \$10,340.30.

We have written to you about this before, but you have not settled this matter. You should repay this overpayment now, or contact us about how you will pay us back.

**If We Do Not Hear From You**

If you do not pay us or get in touch with us about this overpayment by August 27, 2017, we will consider sending your case to the Department of Justice.

If we do this, the Department of Justice might take you to court to collect the overpayment. If that happens and the court decides against you, you might have to pay both the overpayment and court costs.

**Please Get In Touch With Us Now**

Please get in touch with us now if you can not afford to pay all the money you owe us. In some situations we will settle for less than the full amount you owe us. We call this a compromise settlement.

Contact us for more information about this kind of settlement. Of course, if we accept your offer, we will not refer your case to the Justice Department.

**How To Pay Us Back**

Call us at 1-888-862-3585 now if you want to pay back all or part of the money you owe us. Then send us a check or money order made out to the Social Security Administration. Be sure to put your Social Security number, ~~XXX-XX~~ -7670HA on it. Please use the enclosed envelope to mail your check or money order to us.

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SOCIAL SECURITY  
6553 WINFORD AVENUE  
HAMILTON, OH 45011-0548

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*

Enclosure(s) :  
Refund Envelope

SOCIAL SECURITY ADMINISTRATION  
OFFICE OF CENTRAL OPERATIONS  
1500 WOODLAWN DR  
BALTIMORE, MARYLAND 21241

CERTIFICATE OF INDEBTEDNESS

Claim No. XXX-XX-7670

Debtor Name and  
Address:  
Annie L Neal

Total debt due United States as of August 29, 2017: \$ 10,340.30.

I certify that the Social Security Administration records show that the debtor named above is indebted to the United States in the amount stated above.

The claim arose in connection with an overpayment of Social Security benefits.

Section 223(a) of the Act, as pertinent herein, provides for the payment of disability insurance benefits and, in effect, that entitlement to such benefits shall end with the close of the second month following the month in which the disability ceases. Under this section of the Act, no payments may be made to an individual who engages in substantial gainful activity.

From May 2012 through October 2013, the debtor named above disability have ended and was, therefore, not due any benefit payments. The debtor was, in fact, paid benefits totaling \$11,396.30 of which \$1,056.00 has been repaid, leaving an unsatisfied indebtedness of \$10,340.30.

CERTIFICATION: Pursuant to 28 USC Section 1746, I certify under penalty of perjury that the foregoing is true and correct.

*Stephanie Casta-Gomez*  
*Jan Foushee*

Stephanie Casta-Gomez, for  
Jan Foushee  
Associate Commissioner  
For Central Operations

Date: August 29, 2017

